



# REGISTRATION CERTIFICATE WORKSHEET

**FOR 1, 2, or 3 FAMILY RESIDENTIAL ROOFING, SIDING, WINDOW REPLACEMENT AND DECKS ONLY**

ADDRESS OF JOB \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Unit # \_\_\_\_\_ Lot # \_\_\_\_\_ Tax District/Parcel # \_\_\_\_\_

Subdivision/Complex Name \_\_\_\_\_

Job is located between which streets? \_\_\_\_\_ and \_\_\_\_\_

PROPERTY OWNER OF RECORD \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

HIC License# \_\_\_\_\_ Exp. Date \_\_\_\_\_ or "G" # \_\_\_\_\_

EXISTING USE OF BUILDING / PROPERTY \_\_\_\_\_

WORK TO BE DONE ☐ Roofing ☐ Windows ☐ Siding ☐ Deck

COST OF CONSTRUCTION \$ \_\_\_\_\_ AREA OF CONSTRUCTION (for deck) \_\_\_\_\_ SQ FT

Is this property in an Architectural Review District, University Impact District or a registered Historic property? ☐ Yes ☐ No

If Yes, you will need your Certificate of Appropriateness or Certificate of Approval to obtain your Registration Certificate.

If replacing **windows**, do the replacements differ from the existing windows in form, function or characteristic? ☐ Yes ☐ No

If Yes, you will need a building permit.

If installing **roofing**, will there be more than two layers (including new roofing) as a result? ☐ Yes ☐ No

If Yes, you must tear off old roofing. You may not have more than two layers of roofing.

If building a **deck**:

Is the walking surface of the deck 30 inches or more from grade at any side? ☐ Yes ☐ No

Does the surrounding ground slope more than 8 1/3 inches in 10 feet in any direction from the deck? ☐ Yes ☐ No

If you answered yes to any of the above for a deck, you may need a Building Permit.

**Note:** *Registration of your project does NOT include plan review or construction inspection. If you wish to have your plans reviewed and your work inspected, you will need to apply for a Building Permit regardless of the above criteria.*

APPLICANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ (PLEASE PRINT) TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

**Customer Service Center Fax #: 1 (614) 645-7912 | Email questions to: Don Linn at [dflinn@columbus.gov](mailto:dflinn@columbus.gov)**

## FOR OFFICE USE ONLY

ZONING/HEIGHT DISTRICT \_\_\_\_\_ MAP # \_\_\_\_\_ ARCH. REVIEW DISTRICT \_\_\_\_\_

Flood Zone \_\_\_\_\_ Panel # \_\_\_\_\_ Map Date \_\_\_\_\_

DATE

DATE

☐ WORKSHEET ADEQUACY \_\_\_\_\_ | \_\_\_\_\_ ☐ ZONING CLEARANCE GIVEN \_\_\_\_\_ | \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT**

**CAUTION: If you act as your own general contractor, you alone are responsible for the quality of the work and compliance with City Codes.**

**PROPERTY OWNER OF RECORD**

Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ FAX # \_\_\_\_\_

**AGENT FOR OWNER**

☐ CONTRACTOR ☐ OTHER (SPECIFY) \_\_\_\_\_

Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ FAX # \_\_\_\_\_

**AFFIDAVIT**

I am the *(please check one)* ☐ owner ☐ agent for owner of this *(please check one)* ☐ 1 ☐ 2 or ☐ 3- Family Residential Property

which is located in the City of Columbus, Ohio at

NUMBER STREET APT. OR UNIT #

- I understand that Registration of my project does NOT include plan review or construction inspection.
- I understand that additional permits may be required for electric, and/or plumbing.
- I will not contract with someone who is not licensed by the City of Columbus to do work on this 1-, 2-, or 3-family dwelling.
- I will require licensed companies to obtain their own permits when applicable.
- I understand that this affidavit is important and I have told the truth on it and all attached papers.

PRINT NAME SIGNATURE

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

*Notary Seal Here*

NOTARY PUBLIC OR BUILDING AND DEVELOPMENT SERVICES OFFICIAL

**FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.**

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